

## CLAIMS ONLY

Application Number

10/840095

**Filing Date**

**Applicant(s)**

08-02-06

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2			/			
3			/			
4			/			
6			/			
6			/			
7			/			
8			/			
9			/			
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47						
48						
49						
60						
Total Indep			3			
Total Depend			20			
Total Claims			23			